

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH										-62-002438	
DEPARTMENT OF PUBLIC HEALTH AND WELFARE										STATE FILE NUMBER	
Registration District No. 164 Primary Registration District No. 209 Registrar's No. 9											
FILED JAN 29 1962											
1. PLACE OF DEATH											
a. COUNTY Johnson						2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hazell Hill						Length of stay in 1b 15 yrs			c. CITY OR TOWN Warrensburg		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Route 4						Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			d. STREET ADDRESS (If outside, give location) Route 4		
3. NAME OF DECEASED (Type or print)						First Carl Middle Lacy Last Wilcox			4. DATE OF DEATH		
									Month Jan. Day 22 Year 1962		
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 6-24-1891		9. AGE (last birthday) 70		IF UNDER 1 YEAR	
										Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Delivery Man				10b. KIND OF BUSINESS OR INDUSTRY City Ice Co.				11. BIRTHPLACE (City and state or country) Adrian, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Hezekiah Wilcox				13b. MOTHER'S MAIDEN NAME Rachel Jackson				14. NAME OF HUSBAND OR WIFE Marie Wilcox			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO.				17. INFORMANT Address Indep. Mo. Wilbur Wilcox, 549 Crescent.			
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:											
IMMEDIATE CAUSE (a) Myocardial Infarction, acute											
DUE TO (b) Coronary occlusion											
DUE TO (c) Coronary artery atherosclerosis											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal dispose condition given in PART I (a) Chronic Myocardial Insufficiency											
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown											
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)							
20c. TIME OF INJURY		Hour . Month, Day, Year									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				20f. CITY, TOWN, OR LOCATION				COUNTY STATE	
21. I attended the deceased from _____, to _____ and last saw her alive on _____ previous to death											
Death occurred at 400 P.M. _____ m on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE Keith D. Jones, MD (Degree or title)						22b. ADDRESS Warrensburg, Mo			22c. DATE SIGNED 1-23-62		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 1-24-1962		23c. NAME OF CEMETERY OR CREMATORY Floral Hills, Inc				23d. LOCATION (City, town, or county) Kansas City, Missouri			
24. FUNERAL DIRECTOR ADDRESS Floral Hills Memorial Chapels, Inc Blue Ridge & Gregory						25. DATE RECD. BY LOCAL REG. Jan 23, 1962		26. REGISTRAR'S SIGNATURE Savannah Crutchfield			

(Licensed Embalmers Statement on Reverse Side)

Dr. Keith Jones
Wednesday
Oct. 11, 194

Embalmed
111 Monday

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed E. M. Joiner

Licensed Embalmer No. 3453

P. O. Address H. C. Tan

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.